## Continuing Education Annual Summary January 1, 20 — December 31, 20

	bedefined of, 20			
Provider Name:				
Provider #: 19 -				
Class Date	Topic (Educational focus required for Field Care Audits)	Hours	Inst Based	Non-Inst Based
	(Educational Todas Todas Tol Triola Garo Adams)		Duoou	Duoou
			1	
Total	Hours			
Program Directo	or's Signature: Date:			

Please complete this form and submit no later than January 31, 2005 to:

County of Los Angeles Emergency Medical Services Agency 10100 Pioneer Blvd, Suite 200 Santa Fe Springs, CA 90670

ATTN: Office of Program Approvals